

13

TRANSMITTAL SLIP		
6/8 (Date)		
TO:	Mr Swedlinson	
BUILDING	ROOM NO.	
REMARKS: Subject was scheduled to travel 7 June to (Saigon) If he goes arrangements will be made by Major Fullam. Subject's file reflects that French Intelligence source in Indo-China caught his service twice in 1945 when he was stationed there.		
FROM:	Vince	
BUILDING	ROOM NO.	EXTENSION

FORM NO. 36-8
SEP 1946

V/PN

OVERSEAS PROCESSING SHEET

SUBJECT Coucier, Lucien Emile No. 5025

Title and Grade Area Ops Off, Major USA Office & Division FE

Estimated date of travel _____

TDY PCS

Destination (Saigon) 13-2

Cover for one year

Itinerary _____

True Military

SECURITY FACTORS

	Item	Action Initiated	Completed
1.	Date of polygraph	<u>14 Sept 53</u>	
2.	Clearances:		
	CRYPTO		
	SI		
	Q		
	Certification		
	Concurrence - ?	<u>file fwd to RCS</u>	
3.	Flags:		
4.	Other:	<u>Subject was scheduled for 7 June checkouts. Price indicates that MPD will handle travel and they state there is a strong possibility he will not travel.</u>	

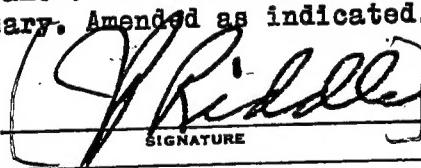
Information regarding travel obtained from

file

Processing Sheet completed by Luddy

Date _____

5025

TRAVEL ORDER		OFFICE TRAVEL ORDER NO. 13-25-4
Lucien E. CONIN		26 May 1954
NAME Lucien E. CONIN	OFFICE PHONE 132	ALLOTMENT ACCOUNT SYMBOL 4-187-132
TITLE Air Force Officer	OFFICIAL STATION (Seigne Indonesia) 13-2	GRADE AND SALARY Major USA
You are hereby authorized to travel and incur necessary expenses in accordance with Agency Regulations.		
ITINERARY Travel authorized from Washington D. C., to (Seigne, Indonesia) (13-2)		
PURPOSE The PCS (Subject will be under this cover which only allows subjects to remain in Indonesia one year. The PCS cover will therefore be one year.)		
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION) (13-2) Authorized 150 lbs. operational excess baggage.		
PLANS FOR ACCOMMODATIONS Subject will be _____ 32		
COORDINATION, AS REQUIRED (TO BE EFFECTED BY ORIGINATING OFFICE)		
<input type="checkbox"/> DD/P	<input type="checkbox"/> OTHER OPERATIONAL AREAS	<input type="checkbox"/> THEATER CLEARANCE (IF OBTAINABLE)
Maximum per diem allowance is authorized in accordance with Agency Regulations. Advance of funds is authorized.		ESTIMATED COST OF TRAVEL \$ 1,100.00
TRAVEL TO BEGIN ON OR ABOUT 1 June 1954	TERMINATING APPROXIMATELY Arrived at PCS	CERTIFICATION (BY PROCESSING BRANCH) Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated. 03  J. Riddle SIGNATURE
MODE OF TRAVEL (SPECIFY) Air Mail		
ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE AS FOLLOWS IF APPLICABLE		
<input type="checkbox"/> (A) SEVEN CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER.		03
<input type="checkbox"/> (B) SEVEN CENTS PER MILE, AS BEING MORE ADVANTAGEOUS TO THE GOVERNMENT.		
<input type="checkbox"/> THE CHANGE OF OFFICIAL STATION INDICATED IS EFFECTED IN THE INTEREST OF THE GOVERNMENT AND NOT FOR YOUR PERSONAL CONVENIENCE. IN CONNECTION WITH CHANGE OF STATION, YOU ARE AUTHORIZED TO TRANSPORT YOUR IMMEDIATE FAMILY, YOUR HOUSEHOLD GOODS, PERSONAL EFFECTS, SUBJECT TO WEIGHT LIMITS, RESTRICTIONS AND PROVISIONS AS SET FORTH IN AGENCY REGULATIONS.		
<input type="checkbox"/> TRAVEL TO FIRST POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED.		
<input type="checkbox"/> RETURN FROM POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED.		
DEPENDENTS TO TRAVEL WITH EMPLOYEE. DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE. TEMPORARY DUTY.		
NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE) FR D H. HOWELL, CAPT., AAC		
E. Barckling, PFC Gordon H. Howell, CPT	(DATE)	SIGNATURE OF AUTHORIZING OFFICIAL

~~SECRET~~ 5025

TRAVEL ORDER		OFFICE TRAVEL ORDER NO. <i>1-1674-54</i>
30 APRIL 1954 CANCELLATION		ALLOTMENT ACCOUNT SYMBOL <i>INTL</i>
NAME Lucien E. ODELL <i>Conein</i>	OFFICE PHONE 671	GRADE AND SALARY Major - USA
TITLE Intelligence Officer	OFFICIAL STATION Washington, D. C.	
You are hereby authorized to travel and incur necessary expenses in accordance with Agency Regulations.		
ITINERARY <i>Washington, D. C. to Athens, Greece to (Frankfurt, Germany) and return to Washington, D. C.</i>		
PURPOSE		
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION) <i>This cancels the original order and Attachment # 1 in their entirety.</i>		
COORDINATION, AS REQUIRED (TO BE EFFECTED BY ORIGINATING OFFICE)		
<input type="checkbox"/> DD/P	<input type="checkbox"/> OTHER OPERATIONAL AREAS	<input type="checkbox"/> THEATER CLEARANCE (IF OBTAINABLE)
Maximum per diem allowance is authorized in accordance with Agency Regulations. Advance of funds is authorized.		ESTIMATED COST OF TRAVEL \$
TRAVEL TO BEGIN ON OR ABOUT	TERMINATING APPROXIMATELY	CERTIFICATION (BY PROCESSING BRANCH)
MODE OF TRAVEL (SPECIFY)		Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated.
ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE AS FOLLOWS IF APPLICABLE		<i>03</i>
<input type="checkbox"/> (A) SEVEN CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER.		SIGNATURE
<input type="checkbox"/> (B) SEVEN CENTS PER MILE, AS BEING MORE ADVANTAGEOUS TO THE GOVERNMENT.		
<input type="checkbox"/> THE CHANGE OF OFFICIAL STATION INDICATED IS EFFECTED IN THE INTEREST OF THE GOVERNMENT AND NOT FOR YOUR PERSONAL CONVENIENCE. IN CONNECTION WITH CHANGE OF STATION, YOU ARE AUTHORIZED TO TRANSPORT YOUR IMMEDIATE FAMILY, YOUR HOUSEHOLD GOODS, PERSONAL EFFECTS, SUBJECT TO WEIGHT LIMITS, RESTRICTIONS AND PROVISIONS AS SET FORTH IN AGENCY REGULATIONS.		
<input type="checkbox"/> TRAVEL TO FIRST POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED.		
<input type="checkbox"/> RETURN FROM POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED.		
<input type="checkbox"/> DEPENDENTS TO TRAVEL WITH EMPLOYEE.		
<input type="checkbox"/> DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE.		
<input type="checkbox"/> TEMPORARY DUTY.		
Noted by MPD: 13 May 54		
FRED H. SOWELL, CAPT., ACC		
NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE)		
<i>J. E. Conein</i>		
(DATE) _____		
SIGNATURE OF AUTHORIZING OFFICIAL		

~~SECRET~~

3/PV

~~SECRET~~

5025

V. 17 7-25-51

TRAVEL ORDER		OFFICE TRAVEL ORDER NO. S-166/SL, AGO 21
NAME Luzien E. CORNIE	OFFICE PHONE 671	ALLOTMENT ACCOUNT SYMBOL 0070 (4-215-2-01)
TITLE Intelligence Officer	OFFICIAL STATION Washington, D. C.	GRADE AND SALARY Easier - USA
You are hereby authorized to travel and incur necessary expenses in accordance with Agency Regulations.		
ITINERARY Washington, D. C. to Athens, Greece to Frankfurt, Germany and return to Washington, D. C.		15-20 I CERTIFY THAT FUNDS ARE AVAILABLE:
OBLIGATION REFERENCE No. _____		
PURPOSE	CHARGE TO ALLOTMENT No. _____	
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION)		AUTHORIZING OFFICER
Inasmuch as only tourist flight accommodations are available to the traveler, excess baggage is authorized up to a total weight allowance for the traveler of 66 lbs.		
COORDINATION, AS REQUIRED (TO BE EFFECTED BY ORIGINATING OFFICE)		
<input type="checkbox"/> DD/P	<input type="checkbox"/> OTHER OPERATIONAL AREAS	<input type="checkbox"/> THEATER CLEARANCE (IF OBTAINABLE)
Maximum per diem allowance is authorized in accordance with Agency Regulations. Advance of funds is authorized.		ESTIMATED COST OF TRAVEL \$ 52.35 additional
TRAVEL TO BEGIN ON OR ABOUT	TERMINATING APPROXIMATELY	CERTIFICATION (BY PROCESSING BRANCH) 03 Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated.
MODE OF TRAVEL (SPECIFY)		
ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE AS FOLLOWS IF APPLICABLE		
<input type="checkbox"/> (A) SEVEN CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER. <input type="checkbox"/> (B) SEVEN CENTS PER MILE, AS BEING MORE ADVANTAGEOUS TO THE GOVERNMENT.		
<input type="checkbox"/> THE CHANGE OF OFFICIAL STATION INDICATED IS EFFECTED IN THE INTEREST OF THE GOVERNMENT AND NOT FOR YOUR PERSONAL CONVENIENCE. <input type="checkbox"/> IN CONNECTION WITH CHANGE OF STATION, YOU ARE AUTHORIZED TO TRANSPORT YOUR IMMEDIATE FAMILY, YOUR HOUSEHOLD GOODS, PERSONAL EFFECTS, SUBJECT TO WEIGHT LIMITS, RESTRICTIONS AND PROVISIONS AS SET FORTH IN AGENCY REGULATIONS.		
<input type="checkbox"/> TRAVEL TO FIRST POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED.		
<input type="checkbox"/> RETURN FROM POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED.		
<input type="checkbox"/> DEPENDENTS TO TRAVEL WITH EMPLOYEE. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE. <input type="checkbox"/> TEMPORARY DUTY.		
NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE)		
63 SE APR 15		(DATE)
SIGNATURE OF AUTHORIZING OFFICIAL		

~~SECRET~~

FILE-8

OVERSEAS PROCESSING SHEET

SUBJECT Conrad Lucien C. No. 5025
 Title and Grade Majin U.S.A. Office & Division DDP/SE
 Estimated date of travel 3 May 64 TDY PCS
 Destination A-G and F-G Cover _____
 Itinerary _____

SECURITY FACTORS

Item	Action Initiated	Completed
1. Date of polygraph	<u>14 Sept 63</u>	/
2. Clearances:		(initials)
<input type="checkbox"/> CRYPTO		
<input type="checkbox"/> SI		
<input type="checkbox"/> Q		
<input type="checkbox"/> Certification		
<input type="checkbox"/> Concurrence		

3. Flags: _____

4. Other: None

Information regarding travel obtained from

File and Panel

Processing Sheet completed by T/S Gaddy Date 4/30/64

SECRET

5025

TRAVEL ORDER		OFFICE TRAVEL ORDER NO. SB-166/54
13 April 1954		ALLOTMENT ACCOUNT SYMBOL GOMPS (6-3212-11-01)
NAME Lucien E. COOKIN	OFFICE PHONE 671	GRADE AND SALARY Major - USA
TITLE Intelligence Officer	OFFICIAL STATION Washington, D. C.	
You are hereby authorized to travel and incur necessary expenses in accordance with Agency Regulations.		
ITINERARY Washington, D. C. to Athens, Greece to (Frankfurt, Germany) but return to Washington, D. C. (B-20)		
PURPOSE To confer on operational matters in connection with GOMPS.		
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION) \$250.00 advance authorized. [REDACTED] orders authorized. 32		
COORDINATION, AS REQUIRED (TO BE EFFECTED BY ORIGINATING OFFICE) <input type="checkbox"/> DD/P <input type="checkbox"/> OTHER OPERATIONAL AREAS <input type="checkbox"/> THEATER CLEARANCE (IF OBTAINABLE)		
Maximum per diem allowance is authorized in accordance with Agency Regulations. Advance of funds is authorized.		ESTIMATED COST OF TRAVEL \$ 100.00
TRAVEL TO BEGIN ON OR ABOUT 13 April 1954	TERMINATING APPROXIMATELY 3 May 1954	CERTIFICATION (BY PROCESSING BRANCH) Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated. <i>[Signature]</i> SIGNATURE
MODE OF TRAVEL (SPECIFY)		
ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE AS FOLLOWS IF APPLICABLE		
<input type="checkbox"/> (A) SEVEN CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER. <input type="checkbox"/> (B) SEVEN CENTS PER MILE, AS BEING MORE ADVANTAGEOUS TO THE GOVERNMENT.		
<input type="checkbox"/> THE CHANGE OF OFFICIAL STATION INDICATED IS EFFECTED IN THE INTEREST OF THE GOVERNMENT AND NOT FOR YOUR PERSONAL CONVENIENCE. <input type="checkbox"/> IN CONNECTION WITH CHANGE OF STATION, YOU ARE AUTHORIZED TO TRANSPORT YOUR IMMEDIATE FAMILY, YOUR HOUSEHOLD GOODS, PERSONAL EFFECTS, SUBJECT TO WEIGHT LIMITS, RESTRICTIONS AND PROVISIONS AS SET FORTH IN AGENCY REGULATIONS.		
<input type="checkbox"/> TRAVEL TO FIRST POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED.		
<input type="checkbox"/> RETURN FROM POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED.		
<input type="checkbox"/> DEPENDENTS TO TRAVEL WITH EMPLOYEE. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE. <input type="checkbox"/> TEMPORARY DUTY.		
NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE) O3 [REDACTED] CHARGE		FRED N. SPONSEL, CAPT., AGC
(DATE)		SIGNATURE OF AUTHORIZING OFFICIAL

STANDARD FORM 52
PROULGATED BY THE
U. S. CIVIL SERVICE COMMISSION
JANUARY 1951 - FEDERAL PERSONNEL
MANUAL CHAPTER VI

SECURITY INFORMATION

~~SECRET~~

VOUCHERED

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
Lucien E. CONIN	29 Nov 1919	281-53	20 Oct 1953
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment (Key Personnel)		6. EFFECTIVE DATE A. PROPOSED	
B. POSITION (Specify whether establish, change grade or title, etc.)		7. C. S. OR OTHER LEGAL AUTHORITY	
FROM— Operations Officer (F) 45-1 Major USA DDP/SE German Mission Nurnberg Ops. Base Nurnberg, Germany] 15-29		TO— Intell. Officer BD-49 Major USA DDP/SE SE/1 - [] branch Office of the Chief Washington, D. C.	
<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Transfer 10 Voucherized Funds FROM Unvoucherized Funds.Concurrence: _____
EE Division

B. REQUESTED BY (Name and title) SE/ADMIN		D. REQUEST APPROVED BY Signature: _____ Title: _____									
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) X-3965		14. POSITION CLASSIFICATION ACTION NEW VICE L.A. REAL									
13. VETERAN PREFERENCE <table border="1"><tr><td rowspan="2">NONE</td><td rowspan="2">WWII</td><td rowspan="2">OTHER</td><td rowspan="2">5-PT.</td><td colspan="2">10-POINT</td></tr><tr><td>DISAB.</td><td>OTHER</td></tr></table>		NONE	WWII	OTHER	5-PT.	10-POINT		DISAB.	OTHER	CD - FI	
NONE	WWII					OTHER	5-PT.	10-POINT			
		DISAB.	OTHER								
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 3130 - 55 - 017 TO: 4 - 3200 - 20									
18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) NO		19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)									
		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:									
21. STANDARD FORM 50 REMARKS Security Approval has been granted for SFCREI											

22. CLEARANCES	INITIAL OR SIGNATURE	DATE
A.		
B. CEIL. OR POS. CONTROL		
C. CLASSIFICATION		
D. PLACEMENT OR EMPL.		
E.		
F. APPROVED BY SFCREI		

REMARKS: Security Approval has been granted for
SFCREI